

Health Insurance Invoice System (HIIS)

General Information

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Step-by-Step Instructions (Text Only)

Step-by-Step Instructions with Visuals

General Information

The Health Insurance Invoice System (HIIS) provides employers with a quick and easy way to reconcile the total premiums due based on the eligibility within ETF's database. This will allow for reconciliation of membership to the premium payment due and submission of the premium payment via Automated Clearing House (ACH).

Special Notes

- The individual accessing the Health Insurance Invoice System (HIIS) must obtain security clearance to "Insurance Premium Reporting" by submitting the **Online Network for Employers Security Agreement**, form ET-8928.
- This process is written for local employers and any state agencies that are non-Wismart agencies. The Wismart agencies will confirm the current coverage month and then follow the existing Payment Voucher(PV Payment) process.
- The application requires your **Web browser** to have cookies enabled and JavaScript on.
- Please use the **logout** feature at the top of the screen when done working with the application, to protect confidential employee data.
- Large employers may experience a **delay** as the application returns data. Please be patient.
- For additional assistance, please call the Employer Communication Center: (608) 264-7900 or 1 (888) 681-3952

Step-by-Step Instructions (Text Only)

- 1) Enter the Online Network for Employers (ONE) Portal
- 2) Select the "Health Insurance Invoicing System" link.
- 3) The "ETF Web Application Logon" screen will appear.
- 4) Type your User ID.
- 5) Press the "Tab" key.
- 6) Type your password.
- 7) Click "Log In"
- 8) Type your seven-digit employer number.
- 9) Click the "Submit" button.
- 10) The email address verification screen will appear. Verify the email contact information is correct and click the "Continue" button.
 - a) If the email address is missing or incorrect, click on the text, "employer email update" and make the appropriate change. When you have finished updating your employer contact information, close the window and you will be returned to HHS.
- 11) The "Invoice and Payment Summary" screen will appear and default to the current coverage month.
- 12) To view a past coverage month:
 - a) Select the desired coverage month from the drop down box under the "Search by Coverage" heading.
NOTE: This field will default to the current coverage month.
 - b) Select the desired coverage year from the drop down box under the "Search by Coverage" heading.
NOTE: This field will default to the current coverage year.
The "Invoice Summary" section will populate the totals and summary information for the selected coverage month.
- 13) Type the grand total of the employee share for all providers in the "Employee Share" text box.
- 14) Verify the amount of the "Premium Due" located at the bottom of the summary.
 - a) Two buttons are available to assist you in reviewing the details of the coverage month.
 - i) "Invoice Detail" button - Provides detailed information regarding totals by plan type and coverage type.
 - ii) "Contract Activity" button - Provides details on changes that occurred during the current coverage month period including the names of the affected employees.
 - b) When you review either the "Invoice Detail" or "Contract Activity" screens, you will need to return to the "Invoice and Payment Summary" screen before continuing to step 15.
- 15) Click the "Accept" button.

NOTE: If you are returning to this screen after the current coverage month has been accepted, but not paid, the “Accept” button is replaced with a “Pay” button.

- 16) Once accepted, the “Confirm” button will appear at the bottom of the screen.
- 17) Click the “Confirm” button to submit the current coverage month and go to the electronic payment (Payment Information) screen, or click the “Cancel” button to go to the previous “Invoice Summary” screen.
 - a) Clicking “Confirm” will take you to the USBank web site to complete the payment process.
 - b) Wismart agencies – after clicking the "Confirm" button will follow the existing Payment Voucher(PV Payment) process.
- 18) The “Electronic Payment System” screen includes three options:
 - a) Registered User Log In – Use this if you have gone through the steps to register your payment information.
 - b) Register – If you would prefer that the system retain the payment method and source to use for future payment, this will create a user name and password for future access.
 - c) Pay Without Registering – This process does not retain the payment source and contact information.

NOTE: The steps below follow the “Payment Without Registering” option as it encompasses all of the information that would be entered to register a new account.
- 19) Click the “Pay Without Registering” button.
- 20) The “Make a Payment” screen will appear showing the payment amount due and due date.
- 21) The “Scheduled Payment Date” field will default to the first available pay date.
 - a) Change the “Scheduled Payment Date” to the date you want the payment to be made.
 - b) IMPORTANT: If you select a payment date after the due date, interest will be assessed due to the late payment.
- 22) Click “Continue”.
- 23) The electronic payment (Bank Account Information)screen has five mandatory fields:
 - a) Bank Routing Number: Enter the nine-digit routing number located on the bottom of the check.
 - b) Bank Account Number: Enter the six-digit account number located to the left of the routing number.
 - c) Re-Enter the Bank Account Number: Enter the six-digit account number located to the left of the routing number. This information is re-entered for verification and accuracy.
 - d) Bank Account Type: Select the correct type of account by clicking on the circle to the left of “Checking” or “Savings”..
 - e) Is this a business account?: Click on the circle to the left of “Yes”.
- 24) Click “Continue”.
- 25) The “Contact Information” screen has nine mandatory contact fields. Type your contact information in each mandatory field.
- 26) If you would like the payment system to retain your payment method and contact information, complete the “Become a registered user” section.
- 27) Click “Continue”.

- 28) The “Verify Payment” screen will show the payment and contact information to verify it is correct before processing the payment and has one mandatory field:
 - a) Terms of use – click the box to accept the terms.
- 29) Click “Continue”.
- 30) The “Electronic Insurance Payment” screen will appear to confirm that the payment has been processed.
- 31) Click on “Back to ETF” to return to the ONE Portal.

Step-by-Step Instructions with Visuals



[home](#)

Employee Trust Funds (ETF) On-line Network for Employers (ONE)

Welcome to the Department of Employee Trust Funds On-line Network for Employers (ONE). This is a new and innovative way to retrieve historical data, keep employee information current and report monthly retirement contributions and payment. ONE is an interactive Internet application that is easy and convenient to use.

Logon and Password Support (608) 264-9181 / 866-843-9724 or email us at ETFOnLineHelp@etf.state.wi.us
Employer Communications Center (608) 264-7900

Applications

[Previous Service and Benefit Inquiry](#)
Description: Allows employers to view historical information regarding their employees' WRS participation on-line. Assists in determining Insurance program eligibility, WRS Eligibility Status and calculating supplemental sick leave credits (state agencies only).

[WRS Account Update](#)
Description: Provides employer with the ability to securely transmit account updates to ETF. The application includes WRS enrollments, descriptive data changes, and employee transactions.

[WRS Contribution Remittance Entry](#)
Description: Allows employers to transmit WRS Monthly Retirement Remittance Reports (ET-1515) to ETF and make payment through the banking ACH process.

[WRS Transaction Upload](#)
Description: Allows employers to upload and submit WRS **annual** reports to ETF.

[Health Insurance Enrollment Inquiry](#) [Instructions](#) [Instructional Webcast](#)
Description: Provides employers a secure view of employee health insurance enrollment information by coverage month.

[Health Insurance Enrollment Update](#) [Instructions](#)
Description: Provides employers with the ability to process terminations and reinstatements directly into ETF's health insurance database. In addition, this provides employers a secure view of employee's dependent health insurance enrollment information.

[Health Insurance Invoice System](#) ← **Click here to begin using HIIS**
Description: Provides employers with the ability to generate and print invoices.

[Income Continuation Insurance Payment](#)
Description: Provides employers with the ability to transmit ICI Reports to ETF and make payment through the State of Wisconsin E-Payment Services.

Other Resources

[Online Network for Employers Manual \(ONE\)](#)
([entire manual](#)) ([by chapter](#))



ETF Web Applications Logon

Type your User ID and Password



User ID:

Password:

Login

Reset



Health Insurance Invoice System

[Instructions](#) [Logout](#)

This Internet application is intended for use by employers to view and pay their health insurance invoices.

Please enter your Employer Number and press enter.

**Type your employer number
and click the Submit button**



Employer No:



Health Insurance Invoice System

Wed Jul 01 15:43:27 CDT 2009
User ID:

[Instructions](#) [Logout](#)

Click to update email
contact information, if
needed.



There is no email address on record for your account. Go to [employer email address update*](#) and update your account. When this is correct, continue to the Health Insurance Invoice System.

**When finished updating employer contact information, close the window and return to this screen to continue invoice processing.*

**Once the email
information is updated
or verified, click
"Continue"**





Health Insurance Invoice System

Fri Jul 03 10:34:08 CDT 2009
User ID:

[Instructions](#) [Logout](#)

Invoice and Payment Summary

For 0000-000 / MT. PLAINS, TOWN OF (DANE)

Insurance Contact is HANNA BAUM 608-799-1011. If not correct, please call (608) 266-2737.

Choose the coverage month to view. This field defaults to the current coverage month.

Search by Coverage:
Month: Year:

Summary for June 2009

Enter the total employee share for the coverage month

| | |
|-----------------------|-----------------------------------|
| Invoice Amount: | 7,419.60 |
| Invoice Number: | 5252000200906 |
| Invoice Date: | 2009-05-02 |
| Accept Date: | |
| Accepted By: | |
| Employee Share: | <input type="text" value="0.00"/> |
| Initial Payment Late? | <input type="checkbox"/> |
| Interest Amount: | <input type="text"/> |

| Paid Date | Amount | Source | ID |
|-----------|--------|--------|----|
| Total | | | |

Premium amount for month selected. This does not include interest or any other balances carried forward from previous invoices.

June 2009 Premium Due: 7,419.60

[Invoice Detail](#) [Contract Activity](#) [Accept](#)

Click to accept the monthly coverage and move to the confirmation screen.



Health Insurance Invoice System

Fri Jul 03 10:34:08 CDT 2009
User ID:

[Instructions](#) [Logout](#)

Invoice and Payment Summary

For 0000-000 / MT. PLAINS, TOWN OF (DANE)

Insurance Contact is HANNA BAUM 608-799-1011. If not correct, please call (608) 266-2737.

Search by Coverage:

Month:

Year:

Summary for June 2009

| | | | |
|-----------------------|-----------------------------------|---------------|-----------|
| Invoice Amount: | 7,419.60 | | |
| Invoice Number: | 5252000200906 | | |
| Invoice Date: | 2009-05-02 | | |
| Accept Date: | | | |
| Accepted By: | | | |
| Employee Share: | <input type="text" value="0.00"/> | | |
| Initial Payment Late? | <input type="text"/> | | |
| Interest Amount: | | | |
| <hr/> | | | |
| Paid Date | Amount | Source | ID |
| <hr/> | | | |
| Total | | | |

June 2009 Premium Due: 7,419.60

[Invoice Detail](#) [Contract Activity](#) [Accept](#)

Provides detailed information regarding plan totals and contribution amounts.

Provides details on changes that occurred during the coverage month.

Invoice Detail



[Instructions](#) [Logout](#)

Health Insurance Invoice System

Provides details on changes that occurred during the coverage month.

00:42 CDT 2009

Health Insurance Invoice for June, 2009

Employer Number: 5252-000
 Employer Name: MT. PLAINS, TOWN OF (DANE)
 Program/Surcharge Option: P05 / S29

[Invoice Summary](#)

[Contract Activity](#)

Returns the user to the "Invoice and Payment Summary" screen.

| Group: | MT. PLAINS | Employee Type | Coverage Type | Contract Amount | Current Premium | Prior Month Adjustments | Total Premium |
|---------------|------------|-------------------|---------------|-----------------|-----------------|-------------------------|---------------|
| Health Plan | | LOCAL | SINGLE | 496.50 | 496.50 | 6,923.10 | 7,419.60 |
| | | Health Plan Total | | 496.50 | 496.50 | 6,923.10 | 7,419.60 |
| Group Total | | | | - | 496.50 | 6,923.10 | 7,419.60 |
| Group: All | | | | - | 496.50 | 6,923.10 | 7,419.60 |
| Total Invoice | | | | | 496.50 | 6,923.10 | 7,419.60 |

Contract Activity



Health Insurance Invoice System

Tue Jun 30 09:20:26 CDT 2009
User ID:

[Instructions](#) [Close](#)

Health Insurance Contract Activity for June, 2009

Employer Number: 0600-000
Employer Name: MT. PLAINS, TOWN OF (DANE)
Program/Surcharge Option: P05 / S29

| Health Plan | Employee Type | Coverage Type | Activity | SSN | Name | Coverage Effective Date | Coverage Expiration Date | Previous Expiration Date (Re-instatement) | Premium | Adjustment |
|---------------------|---------------|---------------|----------|-----------|-------------------------|-------------------------|--------------------------|---|---------|------------|
| 15 DEAN HEALTH PLAN | LOCAL | SINGLE | ADD | 393703753 | ELDER, DICK | 2008-04-01 | | | | |
| | | | | | Current Year Adjustment | 2009 | Months: 5 | | 496.50 | 2,461.67 |
| | | | | | Prior Year Adjustment | 2008 | Months: 9 | | 493.40 | 4,374.43 |
| Coverage Type Total | | | | | | | | | | 6,923.10 |
| Employee Type Total | | | | | | | | | | 6,923.10 |
| Health Plan Total | | | | | | | | | | 6,923.10 |
| Group Total | | | | | | | | | | 6,923.10 |

Click to return to the previous screen

Close

Accept



Health Insurance Invoice System

[Instructions](#) [Logout](#)

Please confirm or cancel your accept request

Invoice and Payment Summary

For 0000-000 / MT. PLAINS, TOWN OF (DANE)

Insurance Contact is HANNA BAUM 608-799-1011. If not correct, please call (608) 266-2737.

Search by Coverage:

Month:

Year:

Summary for June 2009

| | |
|-----------------------|-----------------------------------|
| Invoice Amount: | 7,419.60 |
| Invoice Number: | 5252000200906 |
| Invoice Date: | 2009-05-02 |
| Accept Date: | |
| Accepted By: | |
| Employee Share: | <input type="text" value="0.00"/> |
| Initial Payment Late? | N |
| Interest Amount: | 0.00 |

June 2009 Premium Due: 7,419.60

Click to confirm the monthly coverage.

Click to return to the "Invoice and Payment Summary" screen.

Confirm

PRIVACY

CUSTOMER SERVICE

HELP

EXIT

Welcome to the Electronic Payment System

REGISTERED USER LOG IN

If registered, type your User ID and Password

Pa:

[forgot password](#)

User ID:

Password:

Log In

Register

If you have not yet registered with the payment system, you may do so now. Registering lets you make payments, view payment history, and securely store your account information. Registration is easy and secure and you only need to do it once. To get started, click **Register**.

Pay Without Registering

If you wish to pay without registering, you may click **Pay without Registering** to continue.

If not registered, click here to make a payment

Make a Payment - Group Insurance Premiums

*Required Field

PAYMENT INFORMATION

Payment Amount: \$7,419.60

Payment Method: eCheck

Due Date: May-20-2009

Scheduled Payment Date:* 07 02 2009

Change to the payment date you would prefer to make the payment.



PAYMENT DETAILS

WRS Employer Number: 5252000

Employer Name: MT PLAINS, TOWN OF (DANE)

Coverage Month (MM/CCYY): 06/2009

Click to continue to the "Bank Account Information" screen

Continue

Cancel

Continue

PRIVACY CUSTOMER SERVICE HELP EXIT

Make a Payment - Group Insurance Premiums

*Required Field

BANK ACCOUNT INFORMATION

| | | |
|---------------------|---------------------|-----------------------------|
| 1234567890 | 1234567 | 101 |
| Bank Routing Number | Bank Account Number | Check Number (not required) |

Bank Routing Number:*

Type the 9-digit routing number

Bank Account Number:*

Type the 6-digit account number (must match)

Re-Enter Bank Account Number:*

Bank Account Type:*

Checking Savings

Click on type of account

Is this a business account?:*

Yes No

Click on Yes

Click to continue to the Contact Information screen

Continue

Cancel

Continue

PRIVACY CUSTOMER SERVICE HELP EXIT

Contact Information

*Required Field

CONTACT INFORMATION

First Name:*

Last Name:*

Company Name:

Phone Number:*

E-mail Address:*

Street Address 1:*

Street Address 2:

City/Town:*

State/Province/Region:*

Zip/Postal Code:*

Country:*

Complete all required fields (*) with contact information

BECOME A REGISTERED USER

User Id: 6-12 characters

Password: 6-12 characters, at least one letter and one number

Re-Enter Password:

Shared Secret Question: Select Question

Shared Secret Answer:

Save Registration?

OPTIONAL: To register, complete this section.

Click to continue to the Very Payment screen

Continue

Cancel

Continue

[PRIVACY](#) [CUSTOMER SERVICE](#) [HELP](#) [EXIT](#)

Verify Payment - Group Insurance Premiums

***Required Field**

This payment is scheduled to be made after the due date. This payment will be late.

Please review the information below and select Confirm to process your payment. If you need to make any changes to your payment, select Cancel to return to the previous screen.

Your Payment Detail

Payment Amount: **\$7,419.60**
Scheduled Payment Date: **Jul-02-2009**
Amount Due: **\$7,419.60**
Payment Due Date: **May-20-2009**
WRS Employer Number: **5252000**
Employer Name: **MT PLAINS, TOWN OF (DANE)**
Coverage Month (MM/CCYY): **06/2009**

Your Account Detail

Bank Routing Number: **071000000**
Bank Account Number: **XXXXXXXXXXXXXXXX2000**
Bank Account Type: **Checking**
Bank Account Category: **Business**

Send an email confirmation:

Terms And Conditions

PLEASE READ AND APPROVE THE FOLLOWING AUTHORIZATION

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and at the frequency and date set forth above.

If this is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and effect until I notify my bank or notify the payee of its termination by canceling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited.

Verify that all the information is correct and click the "I Accept" box in the Terms and Conditions



Electronic Insurance Payment

Your premium payment authorization is complete. Payment will be deducted from your bank account on the date you selected.
Thank you for using the Employee Trust Funds E-Payment service.

[Back to ETF](#)



Click to return to the ONE Portal

